

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 6/2000c)

See Instructions and *Privacy
Statement On Reverse Side

Page of Pages

CLAIMANT'S NAME

Maziar Movassaghi

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Toxic Substances Control

POSITION

Acting Director

CB/D NUMBER

NR

DIVISION OR BUREAU

Executive Office

INDEX NUMBER

5000

HEADQUARTERS ADDRESS

1001 I Street

CITY

Sacramento

STATE

CA

ZIP CODE

95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6) O.T., L/T, N/C, RELO, DINNER	(7) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
8/20	6:15	Residence to San Diego	N/A						SC/A				
8/20		San Diego to El Centro						25.29	RC				25.29
Meet with DTSC Imperial CUPA staff & San Diego Border Field Office to discuss regional activities													
8/20		El Centro to San Diego							RC				
8/20	20:20	San Diego to Residence				18.00			A/SC	9.00			27.00
8/26	4:50	Residence to Ontario		6.00					SC/A				6.00
EJ Enforcement Initiative Bus Tour of sites of concern in San Bernardino and Riverside													
8/26	20:33	Ontario to Residence				18.00			A/SC	9.00			27.00
(10) SUBTOTALS													85.29
CLAIM TOTAL													\$85.29

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

A= Scheduled Commercial Airline SC = State Car PC = Private Car

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	TOTAL
8:00 am - 5:00 pm	95080			292	42.00	297	25.29	295	18.00			\$85.29
(13) PRIVATE VEHICLE LICENSE No.												
(14) MILEAGE RATE CLAIMED												
/mile												
AGENCY ACCOUNTING OFFICE USE ONLY												
PAID BY REV. FUND CHECK No.												
TOTALS					42.00		25.29		18.00			\$85.29

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

9/21/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

9/28/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE